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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) FY 2008 1381-0284P (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/053.578-Conf. #3991 Filed January 24, 2002 PROCEDURE AND APPARATUS FOR THE INSTALLATION OF AN ELEVATOR For Art Unit 3652 Examiner C. N. Greenhut This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee \$120 One month (37 CFR 1.17(a)(1)) \$60 X Two months (37 CFR 1.17(a)(2)) \$460 \$230 460.00 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$1640 \$820 Five months (37 CFR 1,17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 _ . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 July 9, 2008 Signature Date Paul C. Lewis (703) 205-8000 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

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